

Nobody's home

Studies link proper housing to good health

by JoAnne Fahr and Ken MacDonald

The invention of the wheel is generally considered the greatest human advancement. However, compared to the variety of housing options created in the past million years, perhaps the wheel is the second most important development! Consider the difference between a drafty, infested cave and a free-standing house with electricity and heat and you can see how far housing has come since the invention of the wheel.

When humans stopped living in the open or in earth-based dwellings, our ability to fight off diseases and other harmful physical problems dramatically increased. Our skin is meant to protect us from all sorts of alien invasions, allowing us to continue to function in a healthy way. But the skin barrier is not enough to protect us in many situations, so we have had to produce supplemental protection.

The need to have a protective and supportive barrier is undeniable. Proper housing provides this kind of protection and more. Numerous health, medical, and sociological studies have proven that a direct relationship exists between proper housing and good health.

Many PWAs lack access to affordable housing

Housing is one of the greatest unmet needs among people liv-

ing with HIV/AIDS. Because many individuals living with HIV are impoverished or become so during the course of their illness, lack of access to affordable housing has become a crisis for HIV-positive people.

In BC's Lower Mainland, over 800 individuals and families living with HIV/AIDS are currently on wait lists for housing assistance. These persons are registered at several different agencies that provide housing. The number of HIV-positive people needing affordable housing in that region may be even higher when you consider that estimates suggest that 17,000 persons in Canada are currently unaware they are HIV-positive.

Some of the Lower Mainland's HIV-positive poor live in single rooms in Vancouver's Downtown Eastside hotels, where conditions are dire compared to what they need to cope adequately with their disease. The often debilitating side effects of HIV/AIDS treatment are exacerbated by not having consistent access to clean housing. Sharing bathroom and kitchen facilities in a communal atmosphere can expose a PWA to deadly infections. PWAs require a standard of housing higher than that required by an uninfected person. In many situations, relying on friends or family, who themselves may be unable to support the unique needs of HIV/AIDS, is not the answer because the potential for life-threatening situations will still exist.

In a January 1999 survey of people living with HIV/AIDS, the City and County of Los Angeles found that 65 percent of respondents had been homeless at some point in their lives and had experienced homelessness an average of 2.3 times in the previous three years. Although studies have demonstrated that the homeless and marginally housed can be highly adherent to the complex HIV treatment regimens, the stress related to homelessness and poverty can often exacerbate symptoms, accelerate disease progression, and decrease drug regimen adherence.

Housing providers need more support

The majority of funds for HIV-related housing in BC are derived from provincial sources, such as the BC Housing Management Commission. Unfortunately, this source has not been able to provide all PWAs with adequate housing, so some housing providers have had to raise funds privately in an effort to compensate for this shortfall. Corporate, private, and government bodies should step forward and play a larger role in supporting programs that would increase the availability of affordable housing for low-income individuals, especially those with fatal, chronic, and disabling conditions. Although they are not alone in their need for adequate housing, PWAs meet these criteria and must share top priority status with all others who have similar requirements.

Adequate housing also allows individuals to participate more effectively within their society, which translates into participation in the market system and workforce. Few oppose the concept that all members of society should contribute to the community in a significant way, including through employment and volunteer opportunities.

At the New Partnerships for Ending Homelessness Conference in July 2003, Donald Chamberlain of AIDS Housing Washington and Christine Campbell from Bailey House in New York stated in a presentation that PWAs have to choose too often between healthcare and housing. They estimate that in the US between one-third and one-half of all PWAs are either homeless or in imminent danger of losing their homes. In the Lower Mainland, a person receiving disability income from the Ministry of Human Resources cannot afford

to live in adequate housing even if he or she chose to spend all of their funds on housing and nothing on their medical needs.

Chamberlain and Campbell added that a very high correlation exists between homelessness and infection rates. In fact, rates of infection are three times higher among the homeless population than among the adequately housed population. Easily accessed harm reduction programs could go a long way toward curbing this rate of infection.

A correlation between good housing and good health

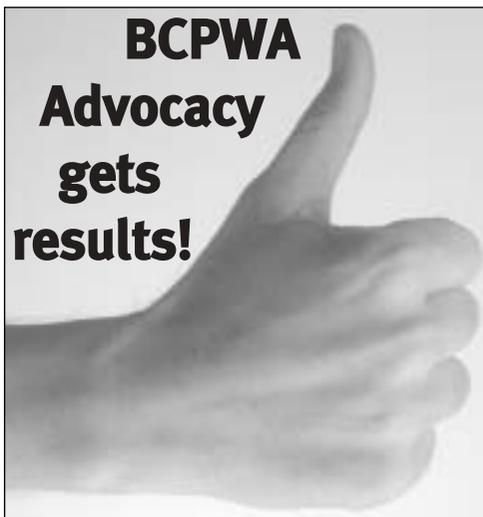
Staying in a hospital costs almost \$1,000 a day compared to \$15 per day to remain independent and able to live and care for one's own health in appropriate affordable and safe housing. Large numbers of studies in both Canada and the US have documented the cost-effectiveness of low-income housing, and more studies are currently being conducted to examine the correlation between adequate housing and good health.

These studies appear to have had no effect on setting priorities for a federal healthcare plan for all Canadians. Why has the federal government not used the information gathered in these studies to strive to provide adequate housing for everyone in Canada? Adequate housing would put less stress on the healthcare system and create a healthier population.

Healthy people live in healthy housing, and people that are inadequately housed invariably end up unhealthy. Lack of affordable housing is a burden on our healthcare system. PWAs in particular need more housing supports because the well-documented negative effects of personal environment on health can be fatal.

The effect of safe, affordable housing would be improved health and more productive human beings. We are no longer cave dwellers. ☺

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**BCPWA
Advocacy
gets
results!**

The BCPWA Society's Advocacy Program continues to work hard to secure funds and benefits for HIV+ individuals. The income secured for October and November 2003 is:

- ▼ **\$62,499.41** in debt forgiveness.
- ▼ **\$58,173.29** in housing, health benefits, dental and long-term disability benefits.
- ▼ **\$24,845.00** in Monthly Nutritional Supplement Benefits.
- ▼ **\$376,162.78** into members' hands for healthcare needs, from grandfathered Schedule C benefits.